



Field Services Division
Reno/Carson City 684-4DMV
Las Vegas 486-4DMV
Rural NV (877) 368-7828
www.dmvnv.com

CHILD SUPPORT RESTRICTED LICENSE APPLICATION

INSTRUCTIONS: Please type or print in **black** ink and complete sections on the front and reverse side that apply to your request. Your employer must complete the employment section for work related driving. If child visitation is requested, a certified copy of the court order authorizing visitation must accompany the application. Deliver or mail to the DMV office in your area. Please call one of the phone numbers listed above for the address of the location nearest you.

Social Security Number _____ Date of Birth _____

Name _____ Home Phone _____
Last First Middle

Resident Address _____ City/Zip _____

Mailing Address (if different) _____ City/Zip _____

Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Driver License No. _____ State _____

Request to Drive: ☐ To and from Work _____ exact miles one-way via the most direct route
☐ Commercial driving ☐ Drive on the job for work-related purposes
☐ To obtain medical care ☐ For child visitation ☐ To the grocery store

Does a licensed driver (**not applicant**) reside in the household? ☐ Yes ☐ No If Yes, name _____

His/her driver license number _____ License driver's employer _____

Address/City _____ Days and hours license driver works _____

I CERTIFY ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELATION OF THE RESTRICTED LICENSE, AND THAT FAILURE TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

Applicant's Signature _____ Date _____

EMPLOYER AND SELF-EMPLOYED APPLICANTS COMPLETE THE FOLLOWING:

Business Name _____ Phone _____

Business Location _____ City/State/Zip _____

Mailing Address (if different) _____ City/State/Zip _____

Days and hours (specify am/pm) applicant works _____

Is the applicant required to drive during work hours? ☐ Yes ☐ No If Yes, applicant drives ☐ Private vehicle ☐ Company vehicles
during work hours in the _____ area (specify city)

EMPLOYER COMPLETES VERIFICATION OF EMPLOYMENT:

I CERTIFY I AM AUTHORIZED TO PROVIDE THE INFORMATION INDICATED ABOVE AND TO VERIFY THAT THE APPLICANT IS CURRENTLY EMPLOYED WITH THIS BUSINESS. I FURTHER CERTIFY THAT I WILL NOTIFY THE FIELD SERVICES DIVISION IF THIS EMPLOYEE TERMINATES EMPLOYMENT.

Authorized signature _____ Print Name and Title _____

APPLICATION CONTINUES ON THE REVERSE SIDE

FOR DEPARTMENT USE:

SR-22: ☐ Needed ☐ Filed ☐ No Verified _____ Date _____
PDPS: ☐ No Match ☐ LIC ☐ ELG Traffic Safety School: ☐ Yes ☐ No
☐ NOT State _____ Number _____
Approved _____ Eligible Date _____ Expiration Date _____ Restricted License Number _____
Denied _____ Reason for Denial _____
DLD-25 (Revised 10/02)

MEDICAL PURPOSES

(APPLICANT COMPLETES TO DRIVE FOR MEDICAL PURPOSES)

Purposes:

- ☐ Drive myself for medical care
☐ Drive a family member for medical care

Name of family member _____ Relationship _____

Is family member a licensed driver? ☐ Yes ☐ No

Nature of medical condition _____

Name of physician _____

Physician Address/City _____ Physician Phone _____

Date of medical appointment(s) _____ Time _____
(Attach additional sheets if necessary)

CHILD VISITATION

(APPLICANT COMPLETES TO DRIVE FOR CHILD VISITATION)

A certified copy of the court order authorizing visitation must be attached.

Days visitation is requested _____ Hours _____ am/pm to _____ am/pm

Address where child(ren) reside(s) _____ City _____

GROCERY STORE

(APPLICANT COMPLETED TO DRIVE TO THE GROCERY STORE)

Name of store _____ Address/City _____

Exact mileage from residence to grocery store via the most direct route _____

Specify two days per week _____ and _____ Specify hours (maximum two) _____ am/pm to _____ am/pm